


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 757496</b> 1. Entity Name ST. JOHNS CHRISTIAN FELLOWSHIP, INC.	
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Principal Place of Business 6050 PUCKETT RD PERRY, FL 32348 US	Mailing Address 6050 PUCKETT RD PERRY, FL 32348 US
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01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2065805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
KINSEY, F.J.  
2338 SHELDON EDWARDS RD  
PERRY, FL 32347

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COURTNEY, JOHN 5850 PUCKETT RD PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINSEY, F.J. 2338 SHELDON EDWARDS RD PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JOSEPH G 5854 POTTS STILL RD. PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, VANCE 5905 POTTS STILL RD PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCELFRESH, MARK K 59 NOTTINGHAM RD GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000840314  
03/06/08-80042-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: F.J. Kinsey 2-25-09 850-584-2316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #